



Department of Health Services (DHS)
Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Thursday, December 15, 2022 – 6:00pm to 7:30pm

Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The date is December 15, 2022, at 6:01pm. The address of the meeting was Virtual, no physical address.

Welcome and Introductions

Attendance in Person: None This meeting was virtual due to Public Health Emergency. Attendance by Google Meets unless otherwise noted:

- Laurie Goldstein, (Chair)
- Chuck Goldstein
- Dee Putty
- Kay Kunes
- Melissa Farling
- Barbara Honiberg
- Kim Scherek

Absent:

- Ashley Oddo
- Natalie Trainor
- Alyce Klein

Public in Attendance:

- Robert Bannatz
- Sommer Walter
- Ronnie Woodville

Arizona Department of Administration (ADOA): Larry Allen

ASH Administration: Dr. Kate Woods and Lisa Wynn

IOC: DHS/ASH IOC Meeting (2022-12-15 18:01 GMT-7)

- Transcript

Transcript

This editable transcript was computer generated and might contain errors.

Lawrence Allen: During tonight's meeting we're recording the meeting like we always do but now we're going to start using Google transcriber that's embedded in Google Meets, so we can start using this as your body of your monthly minutes. So if you're sitting in front of your laptop, you see the bottom of the screen or the hand goes up, And between the hand and the camera. There's a turn on the captions. and then that will tell you how your computer is reading your words.

Lawrence Allen: If you if you mumble or talk over each other, then it's going to be distorted and it's not going to be very clear but as we go and just just watch the transcriber and see how it's, you know, it's working and we'll have to make some minor edits on the on the transcription. We can compare that back to the video. This will really help when you're having to go back and, and Either work on annual reports. And/or work on your action items for ASH administration. So once that is sent to me, then I'll send that back out to you

Laurie Goldstein: Okay.

Lawrence Allen: Then you all can review that and we can work on getting all that posted. So, with that being said, do you have any questions?

Laurie Goldstein: I think that sounds great, I think that I'll be interested to see how well it works in the early days. When we would try to use Google Translate translate, and, Chinese or various languages, for some of my different teams. It was horrible and they would say, Please don't do that. So I'm anxious to see...

Lawrence Allen: It's pretty. It's pretty accurate and the computer will indicate who is talking, so it knows. If I'm saying something, it will say Larry, then it would go right into what I'm talking about. Then it'll flip. So, the one thing I do ask Laurie is that if you move on to a new agenda item issue, just announce that new agenda item. So we'll know that we're moving down to the agenda. And that's it. It's pretty simple.

Laurie Goldstein: Okay. Well, thank you, Larry. I want to call our December 15th, 2022, Arizona, State Hospital Independent Oversight Committee Meeting to order. I want to welcome everyone. Do we have any disclosure of conflict of interest?

Laurie Goldstein: Hearing none. Let's move on. Has everyone in the committee members and so far for the notes. As far as the committee members that are present, we have Kay, We have Chuck, we have Kim, we have Melissa, we have Barb and myself. Are there any other committee members that have joined?

Dee Putty: This is Dee.

Laurie Goldstein: Okay, welcome Dee. and...

Dee Putty:: Thank you.

Laurie Goldstein: thanks and Natalie, Ashley and Alyce are not on tonight. We also have a number of guests on and they can choose to introduce some cells at a later point during public comment. So, have the community members been able to review the meeting minutes from last month?

Dee Putty: Laurie Goldstein: I reviewed the minutes from last month. Did we get a response from the hospital? I never saw one.

Laurie Goldstein: From what I recall. The hospital being on the call, made it easy for them to respond during the meeting. So I don't think there was any reason we didn't send a request for information or...

Dee Putty: Oh, okay.

Laurie Goldstein: clarification because as we brought things up, the hospital was able to answer with Mike Sheldon. He was able to respond to our questions during the meeting which made it much more efficient.

Dee Putty: Okay.

Laurie Goldstein: Okay, so is there a motion to approve the meeting minutes from November.

Chuck Goldstein: Chuck motioned.

Barb Honiberg: I second.

Laurie Goldstein: Okay, all in favor. All right.

Laurie Goldstein: one thing that is going to be a little confusing whenever Chuck talks since we're in the same apartment in New York, and we're on a speakerphone because of the Wi-Fi, it's going to record it as me, even if Chuck says something, So, that was Chuck moving to approve minutes.

Lawrence Allen: Yes. I did notice that Laurie . Chuck if you talk just announce yourself so we'll know.

Chuck Goldstein: Thank you. This is Chuck.

Lawrence Allen: Thank you, Chuck.

Laurie Goldstein: Okay, so we're moving on. Are there any updates from ADOA?

Lawrence Allen: Laurie. This is Larry. No updates from ADOA this month.

Laurie Goldstein: Larry on the Annual Report. I know I'm late now that once I get back from New York, I will work on it. Circulate it to the committee members and get it turned in in January.

Lawrence Allen: Okay, that'd be great. Just remember on the open meeting law that if you send out to the whole committee, that they don't respond back to all, They need to respond directly back to you only. Thank you for your help on that.

Laurie Goldstein: Okay. Thanks. Okay. I didn't see any other IOC members on but are there any other IOC members from different iocs if they're on? And would like to give an update? Now's the time to announce yourself and provide a brief update

Laurie Goldstein: Okay. Hearing None. Let's move on. We didn't have any action items to follow up on any previous or ongoing discussions. The committee members have anything from the previous meeting that they'd like to ask about.

Laurie Goldstein: The one thing I was going to ask about, I know that there was a choking incident that occurred and I know the hospital is doing an investigation.

Lisa Wynn: Hi Laurie. This is Lisa. Yeah, that incident happened on September 21st and we completed our root cause analysis in November and next week, we have our closing consult meeting with the Joint Commission. So as we go through that, we talked to individuals that were present, honestly, to give them support as well, but the root causes were to look at systems environmental components, human factors and equipment factors. And so we look at all those for any root causes and will be, as I said, meeting with a joint commission next week.

Laurie Goldstein: All right. Okay, thank you. Can we ask for an update on the final report next month?

Lisa Wynn: We can give you a summary of the findings, most definitely in any action items that are implemented. Yeah I don't because it's a quality document. The actual root cause analysis won't be public record or won't be able to be disseminated but we can so I can certainly give you a summary of any action items that we have implemented.

Laurie Goldstein: Okay, thank you. And also was there any update on the patient barricade event on the 31st, because we spoke to those individuals. Responsible are still not back at ASH. I assume they're still in jail, right?

Lisa Wynn: That's yes, that's my understanding. That's correct. And we are all. So conducting a root cause analysis on that incident too. Again, to see what we can learn. What kind of systemic issues would have been a contributing factor, what kind of human factors would have been able to help prevent possibly? So we're in the process of doing that root cause analysis right now. Expect to have it finished probably by late January.

Laurie Goldstein: Okay, one thing I want to ask about and anyone from the hospital can jump in. I think Kim was on the committee with me. She's been probably the longest member. Um, well before even I was on.

Laurie Goldstein: It seems like over the last several years. More times, you know, it seems like police are involved or called and people can get arrested. So what are the circumstances and who determines I know anyone that's assaulted has the right? To file a police report, right? Any victim So what determines...

Kate Woods: Yeah.

Laurie Goldstein: What determines whether the police say, this is enough and they take them off to jail or or they just record it. Is there a criteria that was used in the old days? We didn't, we don't recall it happening as much.

Kate Woods: I would defer that to the police.

Laurie Goldstein: so, but the hospital isn't the one that says This was bad, take them away. It's the police that determines whether they're going to come and arrest someone for their actions, is that correct?

Kate Woods: yes?

Laurie Goldstein: Okay, okay. Thank you, Dr. Woods

Laurie Goldstein: Okay. Um, do we have anything from the ASH administration? Any updates?

Lisa Wynn: One thing that comes to mind is on December 9th. We had our Forensic patient, Open forum. And Dr. Woods had prepared a really good overview of some of the changes that this committee has asked about as well as the transition from the PSRB to the Court. So, there were representatives from each unit of forensic there. But not, not the entire population. And some of the patients asked some excellent questions. And Dr. Woods was able to outline what the new process will look like and how it will impact their process. And one of the requests was that we conduct kind of a Q&A presentation on the transition for for a larger body of patients.

Lisa Wynn: Forensic patients. So Dr. Woods and Tara Morgan are PRA, and have scheduled that to us to just be open to all of the forensic patients.

Laurie Goldstein: No, that sounds great. Is there any way that the IOC could get that? Because that's something that is often asked. People will ask about and you know, we have no idea what's going to happen or what the changes are.

Kate Woods: we do have a document that we've prepared to and given to patients attorneys that we could furnish to use

Laurie Goldstein: Thank you, Dr. Woods Was anyone from the IOC able to go to the forensic form? I was out of the country so I was unable to attend but I did send it out to the group.

Kay: I was present.

Laurie Goldstein: Thank you, Kay. Maybe you can report.

Laurie Goldstein: After we do. Accidents and Incidents, You could report the forensic forum, that would be great.

Laurie Goldstein: Okay. I'm the other thing I want to mention, I was reviewing the Governing body report and I was very pleased to see that the hospital has requested more funding to hire people that can treat cognitive disorders, personality disorders, developmental psychology spectrum, autism spectrum, disorders, Intellectual disability DD, I hope that the governor approves that budget but there were plans in the Governing Body report that specify that the budget request went into an ask the Governor.

Kate Woods: Laurie, let me clarify that ask. So there isn't confusion that ask is for hiring limited individuals to assist. When those things are secondary to a primary psychiatric disorder, that is under our purview to treat. That is not in any way shape or form to be construed as sufficient in either space or staffing to manage any of those things as a primary condition.

Laurie Goldstein: Thank you. I think it's clear that people that end up at the hospital are there primarily for mental health conditions. But often they (patients) come with other conditions. Yeah, co-occurring conditions. And that's what you're trying to ask for funding to treat, right?

Kate Woods: Right, it is not sufficient either again in space for dedicated milieu or in sufficient staffing to allow us to treat any of those things as the primary thing going on.

Chuck Goldstein: but as this is Chuck, but as Laurie was saying, and that this true generally that it is almost the rarity to find somebody who has just primary disorders, A serious mental disorder that does not have others. Cohabiting behavioral health disorders. So I am and...

Kate Woods: It's not, it's not entirely that

Laurie Goldstein: All right, so it is good to know that ASH is seeking help in community, secondary diagnosis as well. I think that's audible and that was Chuck. For the record. I said this, I know, but honestly, okay, I'm going back up to my agenda but that

Laurie Goldstein: I wanted to share with the committee. Okay, as far as we've gone through the ASH Administrative Update. How is the covid status?

Laurie Goldstein: Are the units still on lockdown, are they in and out, depending on you know, infection rate? Similar to the population.

Kay Kunes: This is Kay. None of the units on the forensic side are locked down and patients on Cottonwood have resumed outings.

Laurie Goldstein: Okay.

Kate Woods: Currently there are no units under quarantine but that could change if need be if we had the cause too. But currently none of them are on either campus.

Laurie Goldstein: Okay. Thank you. So activities. Going back out to the community and family visits and food. Visits are still happening.

Laurie Goldstein: Thank you. Okay, so let's go on to an overview of incident accident reports.

Laurie Goldstein: Let me scroll down. First one was ash 2022 - 4 4, 9 6 and it was a fall.

Laurie Goldstein: There was a cold blue called for a fall, the person fell and hit their head. They called 911.

Laurie Goldstein: And the ambulance arrived shortly thereafter. A cold, blue was contained and cleared.

Laurie Goldstein: Pretty quickly. It doesn't say. Oh yeah. It says it departed. So they took the person off to assume Valley Wise so that was on the 13th. And it was on a particular unit, but then I have ash 2022 - 4498. That talks about a fall and I'm wondering if that's the same. Incident.

Laurie Goldstein: Because it's the same patient ID but this one is much more. Has much more detail in it.

Lisa Wynn: Yeah, I'm checking Laurie, as you're talking, I'm looking in the QMS system. and it does look like it may be a duplicate, our team goes through every morning. And the Executive Risk management team reviews all of these, if this is a duplicate and we didn't catch it, it would be caught at our next committee meeting that meets every other month. Where we look at some of the mitigating factors and how we can reduce falls. So that may be Making a note of it all to just confirm with the times. But it may be a duplicate.

Laurie Goldstein: Okay. Okay, thank you as it didn't seem possible that there could be two falls in the same unit on the same day. So the same person.

Laurie Goldstein: Yeah. Okay. Um, the next, let me see what this looked like.

Laurie Goldstein: This next one, Ash 2022, 4 5, 0 4. occurred, when patients were on the mall and they got into an altercation over pop or sodas, and there was a code gray called and there were indications, you know, that the patients were involved in a physical altercation.

Laurie Goldstein: and the staff was trying to assess damages and One of the patients decided that they did not want medical attention.

Laurie Goldstein: I think they did not want to be seen by the provider.

Laurie Goldstein: But then it appears later.

Laurie Goldstein: I think later, it was determined. That the incident may have resulted in the need for medical treatment, several days after the incident. so, from what I'm reading here is that the staff. The behavioral techs were offering and the nurses wanted to assess the patient, but the patient refused treatment. But then a few days later required medical attention.

Laurie Goldstein: Was that occurred on the 14th and a few days later they wanted to go. Or they were sent to be seen Valleywise.

Laurie Goldstein: Okay, but I guess you can't unless someone Was unresponsive, You can't force treatment. Is that what I read from this where they said they didn't want treatment and then must have later come to the nurse and, ask for medical treatment.

Kate Woods: So yes, we can't force somebody to.

Laurie Goldstein: Okay. Okay, that's what I was trying to discuss.

Kate Woods: I mean, unless, you know, obviously there's legal exceptions for particular types of guardianships and things like that, but for most of our patients, we cannot force medical treatment on them. No.

Lisa Wynn: And every assault that occurs is coded in our QMS system. It's how we track the information that we provide. Any member of the public or to our quality council and we code every assault as either no injury. First aid. Medical treatment if they're sent out for even you know some you know just minor treatment but they're sent out and then refused treatment. So what will happen in scenarios like this is when the review comes in from the nurse it will change and the coding will change. That's why, you know, sometimes days. Or even a week can go by and then the coding changes. So this would be coded as initially. It would have been coded as refuse treatment and then it would have been recorded as medical treatment.

Kate Woods: and any patients who are involved in any kind of situation where they could become injured are evaluated or at least attempted to be evaluated and they may refuse that evaluation.

Chuck Goldstein: Okay, well, this is Chuck as a former emergency physician. We really go to whether the patient has the capacity to refuse treatment. And if the patient does not have the capacity around treatments, this becomes a touchy area. I'm sure you guys have faced this all the time. Making a decision and always. Always the right thing to do what's right for the patient, okay? And that's a medical Tenant. So it's a law, it's a rule. So sometimes, for example, I would get someone who is obviously in the intoxicated or under the influence of drugs? Or if we're in an accident, they hit the head and it was obvious to me and everybody else around that they did not have capacity to make a decision, like not refusing treatment and then I would treat them regardless of whether they wanted to be treated or not. I'm not sure that you guys do the same sort of thing.

Kate Woods: Yes, of course, if somebody's in a situation where they lack capacity, that's entirely different. But you know, if a patient is Our patients are not going to be intoxicated and are altered in those ways. If, you know, if they are not exhibiting signs to indicate that they're letting their level of capacity, has changed since it's been, you know, evaluated as such and they seem to be making a knowing decision. And we know we can't, that's what I'm talking about. We can't say they have to in those situations. Obviously, if somebody is altered from an injury or something along those lines, we would act in their best interest.

Laurie Goldstein: Sure, thank you. And for that was Chuck. The next one was Ash 2022 - 4650 In this situation. A patient was attempting to self harm. They were successful. What I'm questioning is They reached up to a light switch and broke it quickly and cut their left forearm causing superficial abrasions.

Laurie Goldstein: I'm just wondering. Are there any kinds especially on the civil side? Are there any kinds of wall coverings, or switches that can't be broken off as hard plastic?

Lisa Wynn: So something our operations team is doing regularly. There's like a kind of an epoxy clear that we use in bathroom tiles and on some fixtures and light switches, it's just thick. It's like a no-pick. Adhesive adhesive that you can put around, trim or edges. So, that's one thing we do, but I think the other thing as Dr. Woods is kind of moving us towards some of the trauma training that we're doing, and as we're looking at our harm reduction in our assault reduction committees is Also. You know, just the therapeutic modalities that teams are taking, so we definitely want to keep the environment safe. But those, those committees in, those clinicians are also looking at opportunities to

Lisa Wynn: we provide recovery options because, you know, those kinds of when people are discharged, the light plates in their apartment or group home aren't necessarily going to be

Lisa Wynn: You know, tampered with or, or modified in a way to reduce harm. So that there's a lot of different approaches, our clinical team, and our operations team, take to reduce harm. But I don't think we're ever gonna stop finding ways that people can choose to inflict harm on themselves if they're looking, but we will keep being vigilant on the operation side but also on the clinical side.

Laurie Goldstein: Okay. Thank you.

Laurie Goldstein: Okay, next one.

Laurie Goldstein: I was looking at one. I think it has changed. It was

Laurie Goldstein: It was one that was a patient. Okay, that was in an altercation with another patient and one of the patients got hit on their head and then hit a table and was unconscious but he must have become conscious again because oh they escorted them maybe the other person but it wasn't a code blue. It was called a code blue originally, so that was corrected.

Laurie Goldstein: I think that's what I read. Cold Blue was inadvertently called by the tech after the medical alert was called by the charge nurse. and, in the notes that said, Recommend that continue to educate staff about one. That's necessary to call a code blue. So just for us lay folks, this code blue means death. Or someone's unconscious?.

Kate Woods: Not necessarily, it's just a more serious level of medical situation than a medical alert.

Laurie Goldstein: Okay. Thank you.

Laurie Goldstein: and then, I think,

Lisa Wynn: This is Lisa. What was the number of that last one about the medical alert or the code blue?

Laurie Goldstein: That was ASH 2022- 4658.

Lisa Wynn: Thank you.

Laurie Goldstein: Next one is. ASH 2022- 4659 and it was, A code gray.

Laurie Goldstein: By a patient towards staff attack. And while staff were trying to intercede with this, Let's see. The patient did connect to the staff. Hitting the staff in the jaw and knocking them unconscious and a code gray was called on that but it didn't call a code blue on that one. It didn't say that an ambulance was called or anything else. I know it was a staff that was hit by the patient. It wasn't another patient.. She must have been, okay, because it says, in here that they were directed to call the Employee Inquiry Hotline and then there was a photograph of the patient injury.

Laurie Goldstein: But I was wondering if someone was unconscious.

Laurie Goldstein: Oh, I was surprised that they didn't call. You know that is similar just like if a patient's unconscious wouldn't they call for an ambulance?

Laurie Goldstein: Or I was just questioning that.

Laurie Goldstein: But she must or the staff must have been okay, if they were then told to just call the employee hotline.

Lisa Wynn: Well, we provide both, you know, a crisis kind of follow-up support to our staff through, you know, their supervisors through EAP and any, you know, assist with any off site. Even if it's some, you know, something unrelated just a medical event but

Kate Woods: And we, and we have,...

Lisa Wynn: it seem

Kate Woods: we will call an ambulance for a staff member of Indicated. We have in the past.

Laurie Goldstein: Okay.

Laurie Goldstein: Thank you. So, that was all of the incidents and accidents. Now Kay, would you like to give a report of The Forensic Forum.

Kay Kunes: Sure, this is Kay for the record. So, the forensic forum started with Dr. Woods explaining that the Psrb is dissolved and that it'll be taken over by both a Maricopa County judge and a Pima County judge and Arizona will be divided into two halves. The northern side and the southern side and the southern side would actually see a Pima County judge and the northern side would see the Maricopa judge. She also explains that some things will remain the same so they will still be a level system here. They'll still be sec but the main difference will be that the hospital will no longer call the hearing. If they believe the patient is ready for a certain level or conditional release or whatever, the criteria are and so they will make they will do the risk assessment and then call the

Kay Kunes: Attorney of that patient and that attorney of that patient will then need to call the hearing. So it's a little structured, a little bit differently on that side of things. She also said that there will be some circumstances in which the hospital would call a hearing, and that would be in the case, where somebody had levels and they needed to be demoted down a level, or have the conditional release revoked or, or went on. I think that was the crux of it. And then also January 1st is the first day that the lawyers can actually file in the new court system in the Superior Court. And so anything previous to January first will be ignored by the courts. um,

Kay Kunes: Then it had to the patients of the form. Some of the patients had questions like, ``There are some of them that are repeats. If we could have food visits and have our friends or family eat with us, that is still a no go due to covid. Another patient asked. And that patient with me, if instead of ordering through Walking Horse, if the IT Department of ASH could approve, a few number of MP3 players and sell them at their stop and shop that they have here. So then that way that kind of cuts out walking horse and then ASH can actually pick out the MP3 players that they have approved. So then that way, everybody's kind of happy.

Kay Kunes: Another question was: We waste a lot of paper towels here at the hospital and one patient was asking If we can have air dryers and air dryers instead of paper towels to save both money in the environment. Another patient was wondering if they have an AA alcohol anonymous group here and it was led by an A sponsor and that sponsor is no longer allowed on the campus and they were wondering if they could have a different sponsor come in because attendance in that group has fallen to a third or half the size. um, Another person had asked if they could have a bigger easel and canvas board to paint, because

he does a lot of artworks for galleries and such and he needed a bigger easel and a bigger canvas board to paint on. So he asked if that could be a possibility for his unit, And I think that was the majority of the questions that I can remember. I don't have the notes in front of me because I wasn't prepared to speak tonight but I believe that that's the majority of what was covered. All one last thing on June or on December 30th at 1pm the Dr. Woods and Arizona State Hospital will be hosting another patient form and they're going to describe more about the new judicial system or how we're gonna be integrated with the superior courts and that will be open to all patients from my understanding.

Laurie Goldstein: So, a couple questions on that with.

Kay Kunes: Sure. All right.

Laurie Goldstein: What I mean, this could be the hospital also, but for the new forensic system, do we know? If the Superior Court is going to somehow look at the last two years and possibly look at the behavior of the patients that we're not able to go out on visits which are out towards their level system. I mean,...

Kay Kunes: Over here.

Laurie Goldstein: is there going to be any accommodation for The lost time of progression. Do we know?

Kate Woods: The courts are getting how they're going to manage this. I can say that they are judges that the psrb were clinician or large number of the more clinicians clinician adjacent these are judges who are not

Laurie Goldstein: Hmm. So how will the judges make their decisions? Will they?

Kate Woods: It's up to them, it is it is entirely on that up to them what they seek for information to support that for patients, where the hospital supports a request for a progression, they will have the documentation available to them that we would have provided in terms of the report that comes out of the SDC with hospital approval and the and the suggested conditional release plan for the next set of phases, or steps that would be provided to the patient's attorney by the hospital to be provided to the court if the patient's attorney. So she's to do, so, what the court does with that is entirely, the court, we have no say, and no, no role to play in that, these judges in the hospital are a party now. So he has the same standing as the prosecuting attorney and the patient's attorney. So, we are not. Do not have the same relationship with the people with the courts that we have had with the Psrb.

Laurie Goldstein: Thank you, Dr. Woods as far as the AA sponsor. and asking for another sponsor if what is the process to try to, if let's say someone finds an AA. facilitator. What's the process to get them approved to come in and conduct AA meetings on the forensic campus?

Kate Woods: They would have to go through our volunteer process correctly.

Lisa Wynn: Yes that yeah rehab manages our volunteers. and one of the things we talked about at the forum is how historically 12-step programs are kind of peer-led and there are peers on the forensic campus that have been leading. It sounds like they feel like that's not been as successful but that is kind of the 12-step model. So In the interim. There's that option but any volunteer would, yeah, would go through rehab.

Laurie Goldstein: So do any committee members have any questions about anything we've heard so far or comments?

Laurie Goldstein: The committee has been very quiet tonight.

Laurie Goldstein: Anything. Okay. I'm just making sure.

Laurie Goldstein: Okay, any new business?

Laurie Goldstein: anything that the committee would like to discuss or the hospital.

Kay Kunes: I would like to talk during the executive session. If possible I have a couple patients that have approached me that would like to speak to you, you all

Laurie Goldstein: Good. Okay. Yeah. We've been very quiet. We haven't had requests. I had one request come in yesterday or today, I can't remember.

Barbara Honiberg: Seems like everybody's quiet these past couple of days.

Laurie Goldstein: Okay, any new business? Oh, is there a holiday party this year? For the patients.

Lisa Wynn: No, dietary will be doing some special meals like they did at Thanksgiving and the unit usually planned some activities but there's nothing hospital-wide planned.

Laurie Goldstein: I know several years ago some of us donated some money so that people could get the things that they're allowed to get whether it was. I don't know socks or you know, approved items, are the patients getting gifts this year? And is it too late? If they're not if we anyone were to want to donate money so they could get some approved gifts

Lisa Wynn: Where I don't remember too clearly. That was at least three years ago and I just remember there were some kind of conflict of interest concerns and certainly with our staff, that was part of the challenge. And, you know, even any gifts from a hospital. There's, you know, procurement and conflict of interest and therapeutic boundary issues. So those are conversations. We kind of certainly had patients, and were getting gifts from, you know, families, obviously. And there's as I said, you know, unit events but that's a that's kind of a complex conversation. I think that would require feedback from Dr. Woods and her team?

Laurie Goldstein: Okay, I think when we tried to do it last time we just gave money to the hospital to Purchase things for everyone. So it wasn't like, directed towards a patient, a unit. Civil or forensic, it was just so everyone got something.

Laurie Goldstein: And it wasn't even known. Where it came from, it was just to make sure everyone had got a gift.

Chuck Goldstein: This is Chuck, I can appreciate the subtleties of Gift giving because I used to do the same thing. I would give gifts to all the nurses and techs and given by we worked within the emergency rooms that I was director of. And after a number of years that turned out to be frowned upon. Yeah, so some reason that I never knew came down, but I appreciate that. There are difficulties with this business.

Dee Putty: So this is Dee. I'd like to ask the question about what meal would be provided on Christmas and if there was, you know, some issues with financing that, if maybe we could donate money to the hospital. So that everybody could get an extra special meal, On Christmas.

Kate Woods: Again, I think that there's issues around procurement and there's contracting and it's a much more complicated issue. There is also the fact you remember that? Not all of our patients are Christian.

Dee Putty: What does that have to do with them getting a meal on Christmas? Like, It's just a nice meal. Like, it doesn't have to necessarily be about Christmas. It's just it, you know, they're from what I've heard in the past there have not been meal served on the holidays, regardless of which one it is that have been in some of the patients opinions adequate and that there were issues with financing and that's what they were told at least a year or two ago that because of money that they would not be getting mmm, you know, certain things for the holiday meal and I don't remember the specifics of it. But however, I don't understand what you mean by procurement. Exactly. What? What procurement has to transpire for a meal? You guys feed them every day. Three meals a day. So, what's the difference here that would Somehow be a problem?

Kate Woods: Food is contracted through an external vendor source.

Dee Putty: So does that mean we just have to be Okay?

Laurie Goldstein: It would have to be discussed and agreed upon and procured. In advance by whatever.

Kate Woods: That would be a question for Mike and our operations department. Exactly how that is.

Laurie Goldstein: Yeah.

Kate Woods: Yeah. If it's even possible at all,

Laurie Goldstein: Well, I mean,...

Dee Putty: Well, I think some of the patients feel like the hospital,...you know, since they're not doing any kind of gift thing, you know, which is understandable that That's been taken away and then their meals on the holidays regardless of which one they are. The meals have not been very nice and that's just what I'm hearing. So,

Kate Woods: I got a fair amount of very positive feedback about the Thanksgiving meal from patients.

Dee Putty: Okay, that's one meal from several years ago. So you're saying that they're, you're going to say that they're working on something special for them for Christmas and it's not going to be like the last several.

Laurie Goldstein: I'm not sure whether it was just that Thanksgiving was a special meal but that Christmas per se. Since it's a Christian holiday that they are not going to or that hasn't been arranged. And what I heard is that

Kate Woods: I didn't mean to imply. I don't, I'm frankly not aware of what the Dietary Services plans are. For that.

Laurie Goldstein: Okay.

Kate Woods: What? I just wanted to point out that we, we, also want to have patients of other religions. And so we, you know, even if there is a special meal provided on a particular day to be aware of that,

Barbara Honiberg: Well I think what Dee said was pretty accurate, you don't have to call it a Christmas meal, you can call it a holiday meal, or you know, seasonal holiday meal. For the holidays that happen around. December. Whether it's Christmas Hanukkah, Kwanzaa and being Inclusive. Just don't have to say Christmas dinner.

Dee Putty: Yeah. Yeah, it's a holiday if you guys are on holiday pay. And you have holiday staffing because most people are off on the holidays. So it's just a holiday But I've heard for years. That the meals have not been very nice on the holiday. People look forward to that, whether they have one religion, or there, it doesn't matter. Even if it's Easter, or even if it's the 4th of July, it doesn't really matter.

Barbara Honiberg: And it doesn't even have to be.

Lisa Wynn: I will, I will work with Terra and I will find out what the meal plan is for the next

Laurie Goldstein: Okay. Thank you. Okay, any other thank you from the committee. I'm glad to hear your voices, I'm just saying anything else.

Dee Putty: You're welcome.

Laurie Goldstein: Yes. Anything else that you'd like to discuss before we move on to public comment? Anything that you've heard any other questions about?

Laurie Goldstein: Or comments.

Laurie Goldstein: Going once, okay. Going twice. okay, let's go on to public comment and again, state your name and what you don't have to state your name, you can say anonymous.

Laurie Goldstein: Your committee member, but if you want to state your name, you also let us know what you want it in the records or not and we'll limit it to three minutes. so,

Laurie Goldstein: Hello.

Ronnie Woodville: On Sago Unit. Ronnie Woodville. You use my name in the public records? Just a few things,...

Laurie Goldstein: Okay.

Ronnie Woodville: a couple of things. A patient asked me to mention that there have been no one to five walks, and it's discriminating against the one of five patients, but we have a home all walk. And the only other thing is We usually get a special meal on Christmas. It's kind of cultural and respects Mexican culture because we had tamales , I don't think we had all these last year.

Ronnie Woodville: Um, and that used to be our traditions of Christmas meals. I think that's discriminating against a certain religions too, because the Ramadan people, they get their dates and stuff like that when

they when they go to their daily, passive thing for Ramadan. So or other than Muslim thing is, I'm not sure. But basically I think that's all. I have no.

Laurie Goldstein: Thank you.

Laurie Goldstein: Do we have other members of the public that would like to speak?

Sommer Walter: Yes, I would. This Sommer Walter and I'm okay with my name being put in the notes.

Laurie Goldstein: Okay, Sommer.

Sommer Walter: Well today my brother Darren who's a patient on the civil side was arrested and is currently in jail. I understand that the hospital does not decide who gets Arrested and who doesn't have my problem with this arrest? This was something in the making where Darren had been repeatedly. Altered by another patient who had been asking for help before. This other patient got into a tango the second time, him and the other patient got into a physical altercation. My brother was put in seclusion and was being taunted by a tech who was being taunted by a tech the whole time. He was in there when he out of seclusion, the tech continued to taunt him and that was When the assault occurred between Darren

Sommer Walter: all of this could have been prevented. Darren going to jail, could have Prevented had they protected Darren from being assaulted. From another patient, especially when he was asking for help every time. Been an altercations, he's been put on a one-to-one or two to one. My question is, why wasn't the patient who was assaulting? My brother not being put on a one-to-one? At the very least when he was the aggressor. So, in my opinion, there are many things that are going on. At that hospital on the civil side that they are blaming patients for. And staff are actually provoking patients and I think it's worth the iocs. You know, time to investigate or to even question other patients, what their side and what they take is when incidents occur between staff and the patients in regards to. And then being arrested. Thank you.

Laurie Goldstein: Thank you, Sommer.

Laurie Goldstein: Do we have any other members of the public?

Sommer Walter: Oh, this is summer again if I could just add one more thing and I'm okay with Being on the record. A staff member is also somebody that I heated Written complaints and wrote to the treatment team. About them taunting and harassing Darren. Have documents of emails. And letting them know. Hey, there's a problem, there's something going on and the treatment team did nothing. They did nothing when Darren was asking for help. They did nothing. And then when something happened, that was, when they decided to actually pretend like, they cared and they to do something for him. Thank you.

Laurie Goldstein: Thank you, Sommer.

Person 13: Yes, I have one more thing. Please just a minute. Rodney Wood.. We have incidents here on this our unit where a lead tech staff is escalating other patients by pitting against one patient because they punish the whole group and lock them out of a game room. Because one patient has soda in the room, they made arbitrary unit rule that you can't have food or drink all the sudden in in the in the patient of game room and it's if it's so patience and escalates patients against one patient so punishing with one patients their their group punishing all the patients or group of patients. Because one patient that's all

Laurie Goldstein: Thank you.

Laurie Goldstein: Do we have any other members of the public? That would like to speak.

Laurie Goldstein: Okay, waiting to make sure they can get off mute.

Laurie Goldstein: If not.

Laurie Goldstein: I'm going to call for a motion to adjourn and go into executive session. Motion to Adjourn. By the.

Dee Putty: Second that this is.

Laurie Goldstein: All in favor.

Laurie Goldstein: So it passes, we adjourned for the patients and everyone on the call have a wonderful holiday and for whatever holiday you celebrate. We will see you again shortly but thank you. Hopefully, you'll have a safe. I'm happy, happy holidays. Free from viruses. That's our RSV covid, flu. And Any other ailments.

Lisa Wynn: Thank you, Lori. Thanks everybody. Good night.

Laurie Goldstein: Thank you. Yes.
